

**REMARKS**

This is in response to the Office Action dated July 9, 2003, in which claims 1-8 and 11-57 were rejected. With this Amendment, claims 1, 5, 11, 14-16, 56 and 57 are amended, and claims 9 and 10 are canceled. Reconsideration and allowance of claims 1-8 and 11-57 are requested.

Claims 1, 3-5, 7, 8, 11-16, 19, 20, 22, 27 and 36-55 were rejected under 35 U.S.C. §102(b) as being anticipated by Abramov et al. The Examiner states that Abramov teaches a resuscitation method comprising steps of applying an oscillating compressive force where the weight of chest cuff 14 acts as a steady state force component, and inflation and deflation of chest cuff 14 acts as the oscillating compressive force. Claims 1, 5, 11, 14-16, 56 and 57 are amended to clarify that the oscillating compressive force applied to the chest of a patient is by supplying an oscillating air pressure to an inflatable bladder in contact with the chest. As the Examiner states, the steady state force component applied to the chest as disclosed in Abramov is through the weight of chest cuff 14. The inflation and deflation of chest cuff 14 only applies the oscillating force component. Therefore, the amended independent claims are no longer anticipated by Abramov, and likewise, the rejected dependent claims from those independent claims are no longer anticipated. The rejection under 35 U.S.C. § 102(b) should be withdrawn.

Claims 11, 12 and 15 were rejected under 35 U.S.C. § 102(e) as being anticipated by Schneider, Sr. The Examiner states that Schneider teaches a CPR system comprised of inflatable vest 100 which applies a restrained force that the Examiner equates to a steady state force component. Further, the Examiner states that inflatable vest 100 also applies a compressive force which the Examiner equates to an oscillating force component. Again, claims 11 and 15 are amended to clarify that the oscillating compressive force applied to the chest of a patient is by supplying an oscillating air pressure to an inflatable bladder in contact with the chest, which is not a restrained force as taught by Schneider. Claims 11 and 15, as amended, are not anticipated by Schneider, and claim 12 which depends from claim 11 is no longer anticipated. The rejection under 35 U.S.C. § 102(e) should be withdrawn.

Claims 2, 6, 17, 18, 21, 23-26 and 30-35 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Alferness. The Examiner states that Alferness shows all the method limitations of the invention but does not disclose values of relative pressure and such limitations are obvious design choices. Each of these claims are dependent from an amended independent claim. In paragraph 7 of the Office Action dated February 20, 2003, the Examiner stated that the steady state force component of the oscillating compressive force applied to the chest of a patient was performed by bladder 30 and the weight of plate 14 in Alferness. Bladder 30 does not apply a force to the patient's chest--it applies a force to the patient's abdomen. Therefore, applying an oscillating compressive force generated by supplying an oscillating air pressure to an inflatable bladder to a patient's chest is not disclosed in Alferness, and Alferness does not show all the method limitations of the invention. These dependent claims which depend from amended independent claims are thus patentable over Alferness. The rejection under 35 U.S.C. § 103(a) should be withdrawn.

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**IN CONCLUSION**

The Amendment has placed this application in condition for allowance. Notice to that effect is respectfully requested.

Respectfully submitted,

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